

ENCLOSED IS MY GIFT OF \$ _____

22.DHH Online

Please direct my gift to:

 Dartmouth Health Annual Fund (2-10010) Friends of Dartmouth Cancer Center (2-24954) CHaD Annual Fund (2-22550)

Other: _____

PAYMENT INFORMATION

 CHECK IS ENCLOSED

- Please make your check payable to Dartmouth-Hitchcock Health.
- Use the memo line of your check to indicate if your gift is to CHaD, Dartmouth Cancer Center, or any other particular program or department.

PAYMENT BY CREDIT CARD:

Charge my gift as follows: Visa MasterCard AmEx Discover

Name on card: _____

Billing address: _____

Card number: _____ Expiration date: _____ / _____ CVV _____

Signature: _____

Contact number or email in case we have a question: _____

Your name as it should appear for donor recognition: _____

- Please do not include my name on recognition lists.
- I have remembered Dartmouth Health or the Geisel School of Medicine in my estate plans.
- Please contact me about other ways to give, including gifts of stock, gifts that provide income, and estate gifts.

Please return this form by mail to: Medical & Healthcare Advancement
Attn: Gift Recording
One Medical Center Drive, HB 7070
Lebanon, NH 03756

Need help making your gift? Contact us at 603-653-0700 or visit DHGeiselGiving.org

All gifts are tax deductible to the fullest extent allowable by law.